

JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42650
Registrar's No. 10680

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY 2099			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, d	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 4466 NORTH TAYLOR AVE			
3. NAME OF DECEASED (Type or Print)		a. (First) AMEROSE		b. (Middle) NEU	
c. (Last) NEU		4. DATE OF DEATH (Month) (Day) (Year) 12/13/1950			
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 12/7/50		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARK EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY CITY OF ST. LOUIS,		11. BIRTHPLACE (State or foreign country) MORSCH GERMANY 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ANTON NEU		13b. MOTHER'S MAIDEN NAME ELIZABETH VOLZ	
14. NAME OF HUSBAND OR WIFE MRS. KATHERINE NEU		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. KATHERINE NEU		ADDRESS 4466 NO. TAYLOR AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull, Subdural hemorrhage, suppurative when deceased fell down, lights of inside steps leading to the apartment of his home. (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) DUE TO Accidents II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SOFT HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 11, 50 12:10 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 69000	
22. I hereby certify that I attended the deceased from 2, 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/16/50		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL		ADDRESS 4600 NATURAL BRIDGE AVE	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 4366

P. O. Address St Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.